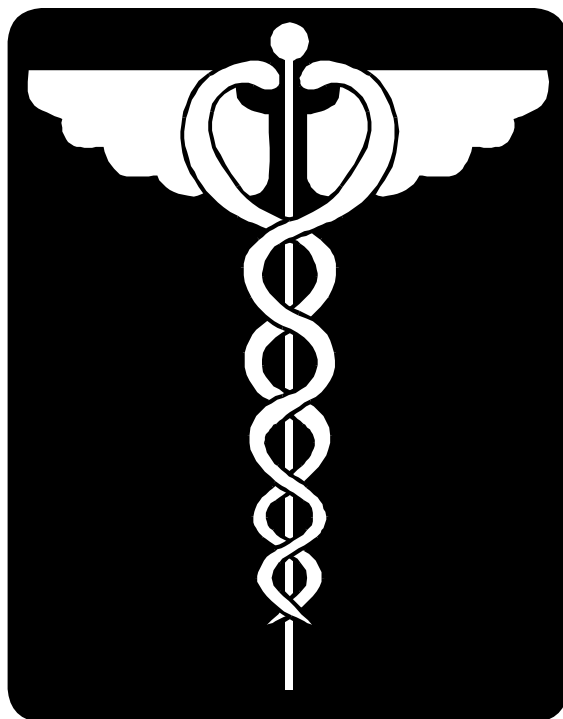


**2004 Statewide Medical & Health
Disaster Exercise**

EXERCISE GUIDEBOOK

State of California
Emergency Medical Services Authority



NOVEMBER 18, 2004



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster
Exercise
November 18, 2004**

Executive Summary

Dear Exercise Participant:

It is time again for the Statewide Medical & Health Disaster Exercise! This is California's sixth annual exercise incorporating hospitals and other healthcare providers, including long-term care facilities and clinics, pre-hospital care providers, auxiliary communication networks, blood banks, local public health and other local and regional governmental agencies.

The last few years, the exercise has focused on "man-made" disasters that confront emergency managers and the healthcare community. In 2003, the exercise focus was a biological terrorism event involving *Yersinia pestis*, or plague. This year, the Exercise Planning Committee has designed the scenario to build on the issues and challenges that would confront the State should a biological terrorism event occur in California, focusing on surge capacity, scarce resources (ventilators, staff, and inpatient beds), laboratory specimen processing, security and infection control. This exercise meets the requirements of the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) grant requirements to conduct bioterrorism exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. We encourage you to contact the Operational Area Exercise Contact early in the planning process to assist you in the execution of the 2004 exercise. Please see page 44 of this guidebook for the listing of Exercise Contacts. To assist the Operational Area (OA) Exercise Contacts in planning and executing the exercise, there will be two planning conferences convened by the Emergency Medical Services Authority. The dates of the planning conferences will be announced in August.

Important Timelines and Deadlines

<u>August 27, 2004</u>	Deadline to fax Intent to Participate Form (page 16) to the Operational Area Medical/Health Exercise Contact (see list of contacts on page 44).
<u>September 10, 2004</u>	Deadline for Operational Area Exercise Contacts to fax the OA Intent to Participate Form to the Regional Disaster Medical/Health Specialist (See Exercise Contact Toolkit)
<u>November 18, 2004</u>	The exercise will be conducted from 8:00 am until 12:00 pm.
<u>December 10, 2004</u>	Deadline to complete and mail the appropriate provider specific Master Answer Sheet to the California Emergency Medical Services Authority (see address on form) to receive a participation certificate.

**Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!**



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster
Exercise
November 18, 2004**

Table of Contents

I.	Exercise Plan	Page Number
A.	Exercise Objectives	2
B.	Background Scenario for Exercise.....	6
C.	Exercise Day Scenario.....	7
D.	Sample PIO Media Advisory	15
II.	Exercise Forms	
A.	Participant Intent to Participate Form.....	16
B.	Exercise Evaluation Forms	
a.	Hospital Facility Master Answer Sheet	17
b.	Hospital Facility Evaluation Questions.....	18
c.	Ancillary Facility Master Answer Sheet	21
d.	Ancillary Facility Evaluation Questions.....	22
e.	Ambulance Provider Master Answer Sheet	25
f.	Ambulance Provider Evaluation Questions.....	26
g.	Local Public Health Master Answer Sheet	29
h.	Local Public Health Evaluation Questions	30
i.	Operational Area Master Answer Sheet	33
j.	Operational Area Evaluation Questions	34
III.	Reference Materials and Contact Information	
A.	Conducting the Exercise: Tips for Hospitals.....	37
B.	Facts about Botulinum/Other Resources	39
C.	Glossary of Terms.....	40
D.	Operational Area (County) Medical/Health Exercise Contacts.....	44
E.	Mutual Aid Regions Map.....	50
IV.	Appreciations	
	Disaster Exercise Planning Group.....	Back Cover



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

EXERCISE OBJECTIVES

Hospital Objectives

Pre-Exercise Event: [Joint Commission on Accreditation of Healthcare Organizations (JCAHO) EC 4.10.2 and EC 4.10.15 and Title 22 70741(b)]

Assess the facility's integration and participation in community-wide emergency management program for preparedness, planning and response. This integration includes area hospitals, public health, public and private emergency medical services (EMS) providers, law enforcement and emergency managers. As a result of this assessment, create collaboration and relationships with important providers to prepare for the exercise and any actual event.

Objective I: [JCAHO EC 4.10.2 and EC 2.9.1]

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably the Hospital Emergency Incident Command System, or HEICS). Participation in this exercise meets the California Title 22, 70741(d) and JCAHO EC 2.9.1. The Emergency Management Plan must be exercised at least twice per year.

Objective II: [JCAHO EC 4.10.8]

Assess the status of your facility and communicate that status to appropriate governmental agencies within the operational area, utilizing hospital communication systems, if applicable.

Objective III: [JCAHO EC 4.10.10]

Assess the ability to respond to a public health emergency due to a biological terrorism event, including proper infection control procedures, staff and current patient safety, and security of the facility.

Objective IV: [JCAHO LD 4.50, EC 4.10]

Assess the hospital policy, procedure and laboratory staff knowledge of the ability to adjust priorities in response to unusual or urgent events and to collect, package and transport possible bioterrorism specimens to outside labs for analysis, documenting chain of custody.

Objective V: [JCAHO EC 4.10.18]

Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area facilities or hospitals.

Objective VI: [JCAHO EC 4.10.13]

Assess the response capability of managing an influx of patients and inpatient bed overcrowding and test the plans and procedures to activate alternate care sites.

Objective VII: [JCAHO EC 4.10.10]

Assess the response capability of managing scarce resources (including durable medical equipment, staff).

Objective VIII: [JCAHO EC 4.10.10]

Develop risk communication messages consistent with local authorities in a rapid and timely manner for internal and external dissemination.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

EXERCISE OBJECTIVES

Hospital Objectives

Objective IX:

Assess the ability of your facility to communicate the identified threats and appropriate actions to hospital staff, epidemiology investigators and local public health.

Ancillary Healthcare Facility Objectives (Includes skilled nursing, long-term care, psychiatric and clinic facilities)

Objective I:

Implement the facility's emergency preparedness response plan, preferably using a recognized incident command-based system. (See glossary for the Hospital Incident Command System)

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies within the operational area, utilizing appropriate communication systems, if applicable.

Objective III: Assess the ability of your facility to appropriately clear occupied beds and increase bed capacity to accept acute care hospital transfers during this public health crisis.

Ambulance Objectives

Objective I:

Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:

Assess the status of your service and communicate that status to appropriate governmental agencies within the operational area, utilizing appropriate communication systems, if applicable.

Objective III:

Assess the ability to manage transportation of potentially infectious patients due to a biological terrorism event, including infection control measures for EMS personnel and vehicles and the coordination of patient transportation destinations with healthcare facilities and local public health.

Objective IV:

Utilize alternative communication systems to reach local government medical and health contacts, including dispatch and local area hospitals.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

EXERCISE OBJECTIVES

Auxiliary Communications Systems (ACS) Objectives

Objective I: (Pre-Exercise)

Coordinate with local auxiliary communications radio operators on frequencies, protocols and forms used during an exercise/actual event.

Objective II:

Test regional/statewide Auxiliary Communication Systems (ACS) and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols and data collection/reporting forms.

Objective III:

Pass two-way communication messages between state, regional and operational area providers.

Operational Area Emergency Operations Center and Exercise Contact

Objective I:

Assess the Operational Area's ability to collect timely, accurate and appropriate data from participants.

Objective II:

Implement Emergency Operations Center's procedures and mechanisms for managing a biological terrorism event, including the procurement, management and allocation of scarce resources within the Operational Area.

Objective III:

Demonstrate the ability to access, enter data into and transmit Response Information Management System (RIMS) data to regional and state medical and health authorities.

Objective IV:

Activate auxiliary communications systems and pass two-way messages to regional and state providers.

Objective V:

Develop risk communication messages consistent with appropriate public health and hospitals in a rapid and timely manner for internal and external dissemination.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

EXERCISE OBJECTIVES

Local Public Health Departments

Objective I:

Assess the department's ability to communicate threats and health alerts to healthcare providers, including hospitals, clinics, EMS providers and others.

Objective II:

Demonstrate the ability to act as a conduit for local samples to be analyzed. This includes the ability to communicate with the hospitals and other providers regarding specimen collection, chain of custody for evidence, transport of specimens to the appropriate State facility for analysis, and communication of test results received from the State lab.

Objective III:

Develop risk communication messages consistent with local emergency managers, hospitals and other officials in a rapid and timely manner for internal and external dissemination.

Objective IV:

Assess the local public health surveillance, epidemiology and contact tracing during this biological terrorism event.

Objective V:

Demonstrate the ability to access and transmit information to region and state medical and health authorities through the Response Information Management System (RIMS) and the California Health Alert Network (CAHAN).

State Agencies

Objective I:

Coordinate with the Operational Area and regions for resource requests.

Objective II:

Demonstrate the ability to access and transmit information to region and state medical and health authorities through the Response Information Management System (RIMS) and/or the California Health Alert Network (CAHAN).

Objective III:

Develop risk communication messages consistent with local public health, healthcare agencies and other local/regional officials in a rapid and timely manner for internal and external dissemination.

Objective IV:

Assess the process for and ability to order the Strategic National Stockpile for botulinum antitoxin and durable medical equipment (ventilators).



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

EXERCISE DAY SCENARIO
8:00 A.M. until 12:00 P.M.

5:00 am Background Scenario

Last night was the Thanksgiving Jubilee, held every year, bringing the community members and large numbers of tourists into town for the celebrations. Hotels, shops and restaurants are usually very busy during the Jubilee and last night was no exception. Everyone was very glad that no incidents or problems occurred during the celebrations, especially law enforcement.

At 5:00 am this morning, Jane, a 47-year-old female, is admitted to the emergency department (ED) complaining of a sudden onset of dizziness, blurred vision, slurred speech, difficulty swallowing, and nausea. She insists that she must be having a stroke, because these are the same symptoms that her father had during his recent stroke. She is very afraid and anxious. During the physical examination, the findings included ptosis, extraocular palsies, facial paralysis and impaired gag reflex. Jane is admitted to the ICU with rule-out CVA.

Over the next hour, the ED received ten more patients with a variety of symptoms from a sore throat to cough and weakness. One child (age 8) requires immediate intubation and mechanical ventilation. The patients presenting with non-acute symptoms are evaluated by the physicians and discharged to home with home care instructions.

Meanwhile in the ICU, Jane develops descending neuromuscular paralysis and is intubated and placed on mechanical ventilation. The critical care and Infectious Disease (ID) physicians suspect a diagnosis of botulism and suspect the transmission as foodborne. Jane's family reported that Jane and her friends attended the Thanksgiving Jubilee last night and ate in the local restaurant. The ID physician happens to call the ED physician to update him on Jane's case, and the ED physician then realizes that many of the patients currently in the ED, and perhaps some that have been discharged, may have ingested botulinum toxin since many of the patients reported having attended the Jubilee. Upon interview of the ED patients, they all report eating out for dinner at restaurants last night, however, they report eating in different venues in the town.

- ☐ **What is your system for identification of trends or clusters of like symptoms?**
- ☐ **What is your hospital procedure for notifying the ED and other pertinent departments of a *probable* diagnosis of botulism?**
- ☐ **What role does your infection control department have in a botulinum event?**
- ☐ **When and how does your hospital send specimens to the Public Health lab, or work with the lab for diagnosis confirmation?**
- ☐ **How would your hospital test and process specimens for a suspected case of botulinum?**



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Because of the potential severity of disease and the possibility for exposure of many persons to contaminated products, the physicians know that foodborne botulism, caused by *Clostridium botulinum* (*C. botulinum*), is a potential public health emergency that requires rapid investigation. He contacts the local public health department to report the case and obtain botulism antitoxin for Jane.

- ☐ **What is your hospital policy/procedure for notifying local public health?**

7:30 am

Local public health departments put out an alert over the 24-hour emergency contacting system that an outbreak of botulinum is suspected.

8:00 am The Exercise Begins

The ED has now received a total of 10 patients in the ED with symptoms of foodborne illness, and more patients continue to arrive with similar symptoms. A few have been seen and discharged. Three more patients have developed respiratory depression and descending paralysis and have required mechanical ventilation and ICU admission. The hospital does not have enough ICU beds and has a limited supply of ventilators. You are holding patients waiting to be admitted in the ED and this is severely taxing the ED resources.

- ☐ **When and by whom is the high census plan or procedure activated to free up or add patient beds to accommodate multiple admissions?**
- ☐ **How does the hospital assess, triage, and determine the allocation of scarce resources (ventilators) when confronted by this public health emergency?**
- ☐ **How does the hospital procure additional scarce resources (e.g. ventilators, staffing, inpatient beds, emergency department beds)?**
- ☐ **What are the infection control implications?**

9-1-1 calls begin flooding into dispatch, requesting ambulance transport for multiple family members reporting nausea and weakness. One call reports “person down, not breathing” and EMS is immediately dispatched to that location. The Dispatcher is noticing a definite trend in the calls but does not know what it means.

- ☐ **Should the dispatcher notify anyone of the trend in calls?**
- ☐ **Are there any other procedures that should be activated by EMS/ambulance dispatch?**
- ☐ **What infection control precautions are needed for EMS providers?**



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Serum and stool specimens are obtained from the suspect cases and forwarded to the hospital laboratory. The hospital laboratory forwards them to the local public health laboratory for processing through the Laboratory Response Network.

- ☐ **How does local public health notify the community of a public health emergency and communicate the case definition to the healthcare providers?**
- ☐ **What is the procedure for local public health to mobilize teams of epidemiology and contact tracing investigators to determine and isolate the cause of the outbreak?**
- ☐ **What are the infection control implications of this outbreak?**
- ☐ **How and when does local public health inform the State Department of Health Services of the outbreak?**

The California Poison Control Centers are receiving a high volume of calls from adjacent communities. The callers are reporting symptoms including dizziness, nausea, difficulty swallowing and weakness. In taking a short history from the caller, they report having been at the Thanksgiving Jubilee the night before and report eating at the local venues and restaurants. The Poison Control Centers report the trend of callers to local public health.

- ☐ **Does local public health have a mechanism to receive these calls?**
- ☐ **How does the information from the calls into public health get communicated to the local healthcare providers including hospitals, clinics and MD offices?**

A number of patients are presenting to the local community clinics wanting to see the doctor with complaints of dizziness, weakness and facial drooping. There are several patients that require immediate care at the clinic and 9-1-1 is called to transfer them immediately to the ED. Unfortunately, EMS is overtaxed with calls, and cannot get to the clinics immediately.

- ☐ **What communication mechanism does the clinic have with the acute care hospital to alert them of incoming patients?**
- ☐ **What internal procedure(s) or plan(s) should the clinic activate in this situation?**
- ☐ **What other resources does the clinic require for the patient until EMS can arrive to transport the patients to the acute care hospital?**
- ☐ **How does the clinic communicate with local public health to notify them of the patients and to receive assistance?**

9:00 am

The local public health officer declares a local public health emergency based on presenting symptoms and a high index of suspicion of *C. botulinum*, and on the large (and increasing) number of patients, and the early recognition that additional resources will be needed.

The local health dept Department Operations Center (DOC) and County EOC activate.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

9:00 am

A local public health epidemiology investigator arrives at the facility to investigate the report of a possible botulism outbreak. The investigator reports that neighboring hospitals are also reporting a high number of patients presenting with similar symptoms of foodborne illness and that physicians are contacting the public health department for notification and to obtain the botulinum antitoxin.

The Mayor's Office receives an anonymous call claiming responsibility for the botulism outbreak. The call is taken seriously because the Mayor's office is aware of the public health emergency, but the information has not yet been released to the public. The caller states that the food supply was deliberately contaminated with *C. botulinum* as an act of terrorism and more contamination could be expected. Local law enforcement is immediately notified and the local FBI contacted. Media has already begun to ask questions and is demanding information at the hospitals.

A decision is made advise the public of the event and to provide public alerts on all media, including television and radio to inform the public. These messages must be well scripted and not evoke public panic.

Considerations and decisions:

- ☐ **What information should be presented to the public?**
- ☐ **What instructions should the public be given?**
- ☐ **Does your agency or hospital have pre-scripted risk communication messages for this public health emergency? If not, what is your process for quickly developing these messages?**
- ☐ **What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials?**
- ☐ **What community or governmental agencies should participate in the press conferences? (public health, hospital officials, local government, physicians)**
- ☐ **Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision?**
- ☐ **How often should the press conferences be scheduled?**
- ☐ **Where will the press conferences be convened within the community? Who decides the location?**
- ☐ **Who is the "lead" agency for the press conferences?**

Because the event has a terrorism component, local AND national media are intent on "scooping" the story and media are quickly arriving at hospitals, clinics and the local health department to interview staff and victims. In addition, the State Public Health Department is receiving multiple calls and media inquiries.

A press conference is scheduled for 10:00 am with the Mayor, the public health officer, appropriate hospital and clinic representatives and local public safety officials.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

9:05 am

The Operational Area (OA) is reporting the following statistics:

(Note: Please customize the OA statistics to simulate mass casualty event and capacity overload. Participants may also simulate the statistics to meet individual needs for exercise play.)

Statistics for the Operational Area (county):

Number of patients admitted with suspected botulism: _____

Number of patients waiting to be seen: _____

Estimated number of persons that may require hospitalization (potential exposures): _____

Number of deceased: _____

10:00 am

The State laboratory confirms *C. botulinum* from the patient samples sent from the local public health department(s). This information is quickly distributed to healthcare providers and the media.

The Press Conference begins. It is announced to the media and the public that there is an outbreak of *C. botulinum* in the community.

The case definition is:

- Systemic flaccid paralysis, starting in and involving the cranial nerves;
- Epidemiological link with the Thanksgiving Jubilee or with other suspect cases in the outbreak, or isolation of toxin in the bloodstream in a patient with the above symptoms.
- Other supporting factors:
 - EMG consistent with botulism and epidemiological link to the outbreak
 - Muscle symptoms consistent with botulism

10:15 am

The Medical and Health Operational Area Coordinator (MHOAC) continues to call hospitals for status reports, bed availability and critical issues.

The intensive care unit(s) within the hospital is at capacity and there are no additional Intensive Care Unit (ICU) beds. The ED is holding _____ numbers (insert appropriate number of ED patients to increase strain on resources) of patients awaiting inpatient beds, including ICU, telemetry and medical-surgical.

Staffs in hospitals, clinics and EMS provider agencies are beginning to call in sick for their upcoming shifts. These staff attended the Jubilee, have family members who are ill, or are



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

afraid to come to work. Several on-duty hospital staff have become ill with symptoms of foodborne illness and are reporting to the ED for care.

High census plans are activated and all patients assessed for possible discharge or transfer, all elective surgeries and procedures are cancelled (patients have also been calling the hospitals and outpatient surgery clinics to cancel their surgeries because of fear of coming to the hospital).

To respond to the surge of patients, plans to augment staff and maximize current staffing resources are activated, including:

- ✓ Activation of call-back of staff
- ✓ Alteration of shift times, including implementation of 12-16-hour shifts
- ✓ Pre-scheduling staff to alternate shifts (a.m., p.m., noc) to maximize allocation of current resources and ensure 24-hour-a-day staffing

The influx of patients presenting to the ED continues in a steady stream, overwhelming resources, including staff (all levels of healthcare providers), lack of ED space, patient care equipment (gurneys, oximeters, ventilators, oxygen sources) and supplies (medications, patient care supplies).

- ☐ **What procedures or plans does the hospital have to expand treatment area space?**
- ☐ **If you received a Casualty Management Shelter from the HRSA funds, set the tent up and utilize it in the exercise.**
- ☐ **What is the procedure for exempting the facility from DHS licensing and certification for the nurse staffing ratios during this emergency?**
- ☐ **What additional areas within or outside of your facility can be used to provide patient care?**
- ☐ **What is your procedure for notifying DHS Licensing and Certification about plans to utilize alternate care sites?**

Local public health has mobilized teams of epidemiology investigators to determine the mechanism of the outbreak and they are arriving at the hospitals. They ask to interview patients and families immediately.

- ☐ **What identification and information will you need from the public health investigators on arrival to the hospital?**
- ☐ **What access will the investigators have to hospital records?**

_____ number (*Insert number to stress the facility and coroner system*) of patients have died and are awaiting coroner to investigate and remove the bodies. The hospital must identify a secure area to hold the bodies until they arrive. Law enforcement and FBI are at the hospital demanding to interview victims, families and review medical records.

- ☐ **What is your hospital policy on interacting with law enforcement, evidence collection, and protecting patient privacy?**
- ☐ **Where will you stage law enforcement officials within your facility to allow for interviews but not congest patient care areas?**



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

- ☐ **What is the back up plan to store bodies when the morgue is not adequate size or capacity?**
- ☐ **Are the bodies considered “contaminated”, and if so, what special precautions should be taken for disposition of remains?**

EMS continues to report an increased volume of 911 calls requiring transport to the hospital. The hospitals have been on and off diversion for the last few hours. Now, all diversion has been suspended by the local EMS Agency (LEMSA) due to the public health emergency, and all hospitals are taking ambulance traffic. With the volume of 911 calls requiring ambulance transport and high ED and inpatient censuses, EMS providers are greatly delayed in delivering the patient and transferring the care of the patient to the hospital staff upon arrival, resulting in decreased availability of EMS responders to 911 calls.

Since the press briefing and media alerts, the public that attended the Thanksgiving Jubilee are flocking to clinics and MD offices, demanding to be treated even if they have no symptoms. They are demanding to be seen “just in case”. Security of the clinic has become a critical issue that must be addressed immediately.

- ☐ **What internal policies and procedures does the clinic have for security and containing the influx of patients into the facility?**
- ☐ **What agencies can be contacted to provide additional security for critical clinic facilities?**
- ☐ **What community resources can be utilized to assist in patient management, including mental health issues?**

10:30 am

A supply of botulinum antitoxin arrives at the local public health department for distribution to the hospitals. The county has only received _____ doses of antitoxin. Local public health must determine what patients will receive the antitoxin and distribute the medication to the facilities.

- ☐ **How will hospitals communicate their need for antitoxin to the local health department? Which patients will receive the antitoxin?**
- ☐ **How will the local public health department communicate the decisions on antitoxin to the hospitals and to the public?**
- ☐ **How is your organization dealing with the mental health concerns of the staff and the public?**

Botulism does not spread from person to person, but patients will need weeks to months of supportive care before recovery, most requiring respiratory support. Scarce resources and patient management will be long-term issues for the facility and the community.

- ☐ **What are the long term implications of this outbreak for your organization and your community?**
- ☐ **What recovery and mitigation efforts can you take now to reduce the impact of this event?**
- ☐ **As an acute care facility, have you integrated ancillary care facilities into your plans to accommodate a surge of patients?**



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

- ☐ **As an ancillary care facility (e.g. skilled nursing facility), does your emergency management plan integrate and coordinate with acute care facilities to accommodate a surge of long-term care patients in the community?**

Hospitals, clinics, EMS and local public health construct contingency plans to address the upcoming critical shortages. Vendors are contacted to provide the additional supplies and equipment.

Considerations and possible actions:

- ☐ **Activate current processes and procedures to procure essential resources needed currently and within 12 hours.**
- ☐ **Is there a plan to ration resources?**
- ☐ **What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources?**
 - **Intra-hospital resources**
 - **Inter-hospital resources**
 - **Community resources, including city and county**
 - **County resources, including the MHOAC in the EOC**
 - **Others**
- ☐ **What are the proper channels of communication and who or what agency is contacted to obtain those resources?**
- ☐ **What non-medical resources may be needed in the event? (i.e. security, law enforcement, sanitation, water, transportation)**

11:00 am

The press conference has spurred an overwhelming number of phone calls, both landline and cellular coming into and going out of the community. Local phone lines and cell sites are unable to accommodate the surge of calls and the phone systems go down. The loss of phone lines also interrupts communications with the California Health Alert Network (CAHAN). The hospitals, clinics, EMS providers and public health and county EOC are unable to place or receive calls.

Auxiliary Communication Systems (ACS) plans are activated. Local ACS members respond to provide critical communications as per current plans and procedures. (Note: the ACS Exercise Guidebook can be downloaded from the website at www.emsa.ca.gov.) This ACS Exercise Guidebook provides two-way messages from the region to the state. The focus of the two-way messages is to encourage traffic between the Operational Areas to the Region and Region to State. However, local ACS provider may utilize the messages to stimulate traffic among healthcare providers (hospitals, EMS, clinics, etc.) and the OA EOC or other appropriate agencies.

- ☐ **What other redundant communication systems exist at the facility, agency and local level to continue communications during the declared public health emergency?**



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

11:15 am

Local public health officials announce that the cause of the outbreak of *C. botulinum* is from salad bars in restaurants and open venues at the Jubilee. It is determined that this was terrorism related and the public is warned to take all precautions for food safety.

11:30 am

Phone service has been reestablished in the area. However, the phone company has stated that service may be intermittent due to volume.

☐ **What decisions should be made about maintaining the ACS communication functions?**

All facilities, agencies and providers report status to the OA. The OA and EOC compile the reports, enter information into RIMS and place mission requests as appropriate.

The Regional Emergency Operations Center (REOC) begins to receive reports from the OA and relays the information and resource requests to the Joint Emergency Operations Center (JEOC) and the State Operations Center.

12:00 pm THE EXERCISE ENDS



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Your logo
Or
Letterhead
Here

**Sample
Public Information Officer
Media Advisory**

Date: November XX, 2004

Contact: Jane Doe
(XXX) XXX-XXXX

What: California is conducting its sixth annual Statewide Medical & Health Disaster Exercise. Many hospitals, clinics, ambulance providers, public health and local government across the state will voluntarily participate in the exercise. The scenario for the exercise is a biological event with *Clostridium botulinum* (or botulism) and exercises the response of healthcare providers and governmental agencies to manage the influx of large numbers of ill patients and the management of resources needed to care for the patients. Last year nearly 425 healthcare facilities, more than 25 ambulance providers and nearly every county in California participated in the exercise.

When: Thursday, November 18, 2004, from 8:00 am until 12:00 pm.

Where: In hospitals and other healthcare provider organizations, public health ambulance services and local government agencies throughout the State of California.

Who: Exercise planners and supporters of this exercise include the Emergency Medical Services Authority; Department of Health Services; State, Regional and Local Office of Emergency Services; Office of Statewide Health Planning and Development; California Healthcare Association; Regional Hospital Associations; Auxiliary Communications Systems (ACS) volunteers; and hospitals and health systems.

Background: Participating in this exercise will help California communities be better prepared to respond to an actual disaster, should one occur. Hospital participation in this exercise also qualifies as a formal disaster drill with an influx of patients as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that accredits hospitals, and meets the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) grant requirements for exercises.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

INTENT TO PARTICIPATE

Please complete this form to indicate your intent to participate in the exercise.

**FAX THIS FORM TO THE OPERATIONAL AREA (COUNTY) MEDICAL/HEALTH EXERCISE
CONTACT (LISTED IN PAGE 44)
BY FRIDAY, AUGUST 27, 2004.**

Type of Provider: ☐ Hospital ☐ Ancillary Healthcare Facility ☐ Ambulance ☐ LEMSA
☐ OA ☐ Local OES ☐ ACS ☐ Public Health ☐ Other: _____

Name of
Facility or Provider: _____

Address: _____

City: _____ Zip: _____

County: _____

Exercise Coordinator or Contact: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please check appropriate box for your facility/agency participation in the Statewide Exercise,
November 18, 2004.

☐ Will participate

☐ Will not participate

Please complete this form for each healthcare facility, ambulance provider or entity participating
in the exercise.

If you are a multiple facility or multi-campus facility,
complete **one "Intent to Participate" Form for each individual facility** participating.

The form may be duplicated for this purpose.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**HOSPITAL FACILITY AND PROVIDER
MASTER ANSWER SHEET**

Complete this Master Answer Sheet for responses to the Hospital Facility Exercise Evaluation Questions and mail only this page to the address below.

Hospital/Healthcare Facility Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please circle the single best answer to each question.

1. a b c d e f g

9. a b c d

2. a b c d e f g h

10. a b c

3. a b c d

11. a b c

4. a b c

12. a b c

5. a b c

13. a b c d

6. a b c

14. a b c

7. a b c

15. a b c d e f

8. a b c

16. Comments.

Please write comments, suggestions or thoughts about the exercise on the reverse side of this answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by DECEMBER 10, 2004, to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Disaster Exercise**

HOSPITAL FACILITY EXERCISE EVALUATION QUESTIONS
This form is to be completed by the participating healthcare facility/provider.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

HOSPITAL FACILITY

EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 17) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes in which OES Mutual Aid Region your facility is located (Listed on page 50).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Circle the single best answer that describes your facility.
 - A. Acute care hospital with a basic or comprehensive emergency department
 - B. Acute care hospital with a stand-by emergency department
 - C. Acute care hospital with no emergency department
 - D. Psychiatric hospital
 - E. Specialty care hospital
 - F. Long-term care facility
 - G. Clinic
 - H. Other
3. Please indicate the level of participation of your facility during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise
4. Did you activate your Emergency Management Plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
5. Did you assess the status of your facility and communicate that status to the Operational Area EOC?
 - A. Yes
 - B. No
 - C. Don't Know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

HOSPITAL FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

6. Did your facility educate staff and activate proper infection control procedures for current staff and patient safety?
 - A. Yes
 - B. No
 - C. Don't Know
7. Did your facility address and enhance security issues internally and externally?
 - A. Yes
 - B. No
 - C. Don't Know
8. Did your laboratory activate emergency plans and assess the ability to collect, process and transport biological specimens?
 - A. Yes
 - B. No
 - C. Don't Know
9. Did your facility implement an alternate communication system (other than public telephone service) to reach the local Public Health Department Operations Center (DOC), County Emergency Operations Center, nearby hospitals and/or "sister" hospitals?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
10. Did your facility implement methods to respond to a large influx of patients and subsequent facility overcrowding?
 - A. Yes
 - B. No
 - C. Don't know
11. Did your facility assess the capability of managing and procuring scarce resources including durable medical equipment, staff, and medications during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
12. Did your facility develop risk communication messages consistent or in collaboration with local authorities for internal and external dissemination?
 - A. Yes
 - B. No
 - C. Don't Know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

HOSPITAL FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

13. How would you evaluate your facility's response to the event and initiation of Emergency Management Plan (EMP)?
- A. Excellent, no changes needed in the EMP.
 - B. Good, minor changes in the system/EMP identified.
 - C. Fair, moderate changes needed in the system/EMP identified.
 - D. Needs improvement, substantial EMP review/changes identified.
14. In general, were you satisfied with the November 18 statewide exercise?
- A. Yes
 - B. No
 - C. Don't know
15. What type of scenario would you prefer for the 2005 Statewide Medical and Health Disaster Exercise? This information will help guide the Exercise Planning Committee to plan the 2005 exercise.
- A. Biological Terrorism
 - B. Chemical Terrorism
 - C. Explosive (trauma) Terrorism
 - D. Radiological Terrorism
 - E. Natural Disaster
 - F. Other: _____
16. Additional Comments and Recommendations?

Please write additional comments on the back of the **Master Answer Sheet**
and attach additional pages as needed.
We very much appreciate your feedback!

Thank you for your participation in this survey.

Please mail the
COMPLETED MASTER ANSWER SHEET
by
DECEMBER 10, 2004,
to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

ANCILLARY HEALTHCARE FACILITY AND PROVIDER

MASTER ANSWER SHEET

Complete this Master Answer Sheet for responses to the Ancillary Provider Exercise Evaluation Questions and mail only this page to the address below.

Provider Name: _____

Address: _____

City: _____ Zip: _____

Type of Facility: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please circle the single best answer to each question.

1. a b c d e f g

9. a b c d

2. a b c d e f

10. a b c d

3. a b c d

11. a b c d

4. a b c

12. a b c

5. a b c

13. a b c d e f

6. a b c

14. Comments.

7. a b c

8. a b c d

Please write comments, suggestions or thoughts about the exercise on the reverse side of this answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by DECEMBER 10, 2004, to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

ANCILLARY HEALTHCARE FACILITY AND PROVIDER

EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 21) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes in which OES Mutual Aid Region your facility is located (Listed on page 50).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Circle the single best answer that describes your facility.
 - A. Community Clinic
 - B. Skilled Nursing Facility
 - C. Long Term Care Facility
 - D. Psychiatric Facility
 - E. Specialty care facility
 - F. Other: _____
3. Please indicate the level of participation of your facility during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise
4. Did you activate your Emergency Management Plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
5. Is your Emergency Management Plan based on a recognized Incident Command System?
 - A. Yes
 - B. No
 - C. Don't Know
6. Did you assess the status of your facility and communicate that status to the Operational Area EOC?
 - A. Yes
 - B. No
 - C. Don't Know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

ANCILLARY HEALTHCARE FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

7. Did your facility educate staff and activate proper infection control procedures for current staff and patient safety?
 - A. Yes
 - B. No
 - C. Don't Know

8. Did your facility implement an alternate communication system (other than public telephone service) to reach the local Public Health Department Operations Center (DOC), County Emergency Operations Center, nearby hospitals and/or "sister" hospitals?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A

9. Did your facility prepare to manage a large influx of patients?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A

10. Did your facility implement methods to appropriately clear beds and prepare to accept acute care hospital transfers into the facility?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A

11. How would you evaluate your facility's response to the event and initiation of Emergency Management Plan?
 - A. Excellent, no changes needed in the Emergency Management Plan
 - B. Good, minor changes in the system/Emergency Management Plan identified
 - C. Fair, moderate changes needed in the system/Emergency Management Plan identified
 - D. Needs improvement, substantial Emergency Management Plan review/changes identified

12. In general, were you satisfied with the November 18 statewide exercise?
 - A. Yes
 - B. No
 - C. Don't know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

ANCILLARY HEALTHCARE FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

13. What type of scenario would you prefer for the 2005 Statewide Medical and Health Disaster Exercise? This information will help guide the Exercise Planning Committee to plan the 2005 exercise.
- A. Biological Terrorism
 - B. Chemical Terrorism
 - C. Explosive (trauma) Terrorism
 - D. Radiological Terrorism
 - E. Natural Disaster
 - F. Other: _____

14. Additional Comments and Recommendations?

Please write additional comments on the back of the **Master Answer Sheet**
and attach additional pages as needed.
We very much appreciate your feedback!

Thank you for your participation in this survey.

Please mail the
COMPLETED MASTER ANSWER SHEET
by
DECEMBER 10, 2004,
to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**AMBULANCE PROVIDER
MASTER ANSWER SHEET**

Complete this Master Answer Sheet for responses to the Ambulance Provider Exercise Evaluation Questions and mail only this page to the address below.

Ambulance Provider Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please circle the single best answer to each question.

1. a b c d e f g

9. a b c

2. a b c d

10. a b c d

3. a b c d e

11. a b c

4. a b c d

12. a b c d

5. a b c

13. a b c d

6. a b c

14. a b c d e f

7. a b c d

15. Comments

8. a b c

Please write comments, suggestions or thoughts about the exercise on the reverse side of this answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by DECEMBER 10, 2004, to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

AMBULANCE PROVIDER

EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 25) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes in which OES Mutual Aid Region your facility is located (Listed on page 50).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Please circle the single best answer that describes your service.
 - A. Basic Life Support
 - B. Advanced Life Support
 - C. Both A and B
 - D. Other (specify) _____
3. Circle the single best answer that describes your service.
 - A. Private business
 - B. Fire service affiliate
 - C. Special district or local government (other than fire service)
 - D. Hospital affiliate
 - E. Other (specify) _____
4. Circle the level of participation of your service during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise
5. Did you activate your Emergency Management Plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
6. Does your Emergency Management Plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

AMBULANCE PROVIDER EXERCISE EVALUATION QUESTIONS (Continued)

7. Did your facility implement an alternate communication system (other than public telephone service) to reach the local Public Health Department Operations Center (DOC), County Emergency Operations Center, nearby hospitals and/or other ambulance providers?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A
8. Did your service assess the ability to manage the transportation of potentially infectious patients due to this biological terrorism event?
 - A. Yes
 - B. No
 - C. Don't Know
9. Did your service recommend and/or institute infection control procedures for EMS personnel and vehicles?
 - A. Yes
 - B. No
 - C. Don't Know
10. Did your service coordinate patient transport destinations with healthcare facilities and local public health?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A
11. Did you implement methods to respond to an increased call volume while hospitals were on diversion due to ED overcrowding and high inpatient census?
 - A. Yes
 - B. No
 - C. Don't know
12. How would you evaluate your service's response to the event and initiation of Emergency Management Plan?
 - A. Excellent, no changes needed in the Emergency Management Plan
 - B. Good, minor changes in the system/Emergency Management Plan identified
 - C. Fair, moderate changes needed in the system/Emergency Management Plan identified
 - D. Needs improvement, substantial Emergency Management Plan review and changes identified



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

AMBULANCE PROVIDER EXERCISE EVALUATION QUESTIONS (Continued)

13. In general, were you satisfied with the November 18 Statewide exercise?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A
14. What type of scenario would you prefer for the 2005 Statewide Medical and Health Disaster Exercise? This information will help guide the Exercise Planning Committee to plan the 2005 exercise.
- A. Biological Terrorism
 - B. Chemical Terrorism
 - C. Explosive (trauma) Terrorism
 - D. Radiological Terrorism
 - E. Natural Disaster
 - F. Other: _____
15. Additional Comments and Recommendations?

Please write additional comments on the back of the **Master Answer Sheet**
and attach additional pages as needed.
We very much appreciate your feedback!

Thank you for your participation in this survey.

Please mail the
COMPLETED MASTER ANSWER SHEET
by
DECEMBER 10, 2004,
to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**LOCAL PUBLIC HEALTH DEPARTMENT
MASTER ANSWER SHEET**

**Complete this Master Answer Sheet for responses to the Local Public Health Department
Exercise Evaluation Questions and mail only this page to the address below.**

Local Public Health Department: _____

County: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please circle the single best answer to each question.

1. a b c d e f g

9. a b c

2. a b c d

10. a b c

3. a b c

11. a b c d

4. a b c

12. a b c d

5. a b c

13. a b c d

6. a b c

14. a b c d e f

7. a b c d

15. Comments

8. a b c

Please write comments, suggestions or thoughts about the exercise on the reverse side of this
answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by DECEMBER 10, 2004, to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**LOCAL PUBLIC HEALTH DEPARTMENT
EXERCISE EVALUATION QUESTIONS**

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 29) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes in which OES Mutual Aid Region your facility is located (Listed on page 50).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Circle the level of participation of your service during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise
3. Did you activate your Emergency Management Plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
4. Does your Emergency Management Plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't Know
5. Did your department communicate threats and health alerts to healthcare providers including hospitals, clinics, EMS providers and others?
 - A. Yes
 - B. No
 - C. Don't Know
6. Did your department participate in or activate procedures in the analysis of biological samples from suspect patients?
 - A. Yes
 - B. No
 - C. Don't Know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**LOCAL PUBLIC HEALTH DEPARTMENT EXERCISE EVALUATION QUESTIONS
(Continued)**

7. Did your department participate in and/or coordinate the transportation of local samples to the State laboratory system for testing?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A
8. Did your department develop risk communication messages consistent with and in collaboration with local emergency managers, hospitals and other officials for internal and external dissemination?
 - A. Yes
 - B. No
 - C. Don't Know
9. Did your department assess or activate surveillance, epidemiology and/or contact tracing during this exercise?
 - A. Yes
 - B. No
 - C. Don't Know
10. Did your department access and transmit information to region and State medical and health authorities through RIMS and/or CAHAN?
 - A. Yes
 - B. No
 - C. Don't Know
11. Did your department implement an alternate communication system (other than public telephone service) to reach the local the County Emergency Operations Center, nearby hospitals and/or other providers?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A
12. How would you evaluate your department's response to the event and initiation of Emergency Management Plan?
 - A. Excellent, no changes needed in the Emergency Management Plan
 - B. Good, minor changes in the system/Emergency Management Plan identified
 - C. Fair, moderate changes needed in the system/Emergency Management Plan identified
 - D. Needs improvement, substantial Emergency Management Plan review and changes identified



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**LOCAL PUBLIC HEALTH DEPARTMENT EXERCISE EVALUATION QUESTIONS
(Continued)**

13. In general, were you satisfied with the November 18 Statewide exercise?
A. Yes
B. No
C. Don't know
D. N/A
14. What type of scenario would you prefer for the 2005 Statewide Medical and Health Disaster Exercise? This information will help guide the Exercise Planning Committee to plan the 2005 exercise.
A. Biological Terrorism
B. Chemical Terrorism
C. Explosive (trauma) Terrorism
D. Radiological Terrorism
E. Natural Disaster
F. Other: _____
15. Additional Comments and Recommendations?

Please write additional comments on the back of the **Master Answer Sheet**
and attach additional pages as needed.
We very much appreciate your feedback!

Thank you for your participation in this survey.

**Please mail the
COMPLETED MASTER ANSWER SHEET
by
DECEMBER 10, 2004,
to:**

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

OPERATIONAL AREA MASTER ANSWER SHEET

Complete this Master Answer Sheet for responses to the Local Public Health Department
Exercise Evaluation Questions and mail only this page to the address below.

Operational Area: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Please circle the single best answer to each question.

1. a b c d e f g

9. a b c

2. a b c d

10. a b c

3. a b c

11. a b c

4. a b c

12. a b c d

5. a b

13. a b c d

6. a b c

14. a b c d e f

7. a b c

15. Comments

8. a b c

Please write comments, suggestions or thoughts about the exercise on the reverse side of this
answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by DECEMBER 10, 2004, to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

**OPERATIONAL AREA
EXERCISE EVALUATION QUESTIONS**

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 33) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2004 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes in which OES Mutual Aid Region your facility is located (Listed on page 50).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Circle the level of participation of your OA EOC during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise
3. Did you activate your Emergency Management Plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
4. Did you activate the Medical and Health Branch of the EOC?
 - A. Yes
 - B. No
 - C. Don't Know
5. Did you activate other branches in the OA EOC during the exercise?
 - A. No
 - B. Yes
6. Did the OA EOC collect data from exercise participants within the OA?
 - A. Yes
 - B. No
 - C. Don't Know
7. Did you implement procedures to manage resource requests and allocate scarce resources within the OA?
 - A. Yes
 - B. No
 - C. Don't Know



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

OPERATIONAL AREA EXERCISE EVALUATION QUESTIONS (Continued)

8. Did your department develop risk communication messages consistent with and in collaboration with local emergency managers, hospitals and other officials for internal and external dissemination?
 - A. Yes
 - B. No
 - C. Don't Know
9. Did the EOC access, enter data into and monitor RIMS during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
10. Did the EOC access and monitor CAHAN during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
11. Did your department implement an alternate communication system (other than public telephone service) to reach the local public health department, nearby hospitals and/or other providers?
 - A. Yes
 - B. No
 - C. Don't Know
 - D. N/A
12. How would you evaluate your department's response to the event and initiation of Emergency Management Plan?
 - A. Excellent, no changes needed in the Emergency Management Plan
 - B. Good, minor changes in the system/Emergency Management Plan identified
 - C. Fair, moderate changes needed in the system/Emergency Management Plan identified
 - D. Needs improvement, substantial Emergency Management Plan review and changes identified
13. In general, were you satisfied with the November 18 Statewide exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

OPERATIONAL AREA EXERCISE EVALUATION QUESTIONS (Continued)

14. What type of scenario would you prefer for the 2005 Statewide Medical and Health Disaster Exercise? This information will help guide the Exercise Planning Committee to plan the 2005 exercise.
- A. Biological Terrorism
 - B. Chemical Terrorism
 - C. Explosive (trauma) Terrorism
 - D. Radiological Terrorism
 - E. Natural Disaster
 - F. Other: _____

15. Additional Comments and Recommendations?

Please write additional comments on the back of the **Master Answer Sheet**
and attach additional pages as needed.
We very much appreciate your feedback!

Thank you for your participation in this survey.

Please mail the
COMPLETED MASTER ANSWER SHEET
by
DECEMBER 10, 2004,
to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Conducting the 2004 Exercise Tips for Hospitals

This year, the Medical and Health Disaster Exercise scenario is providing participants with an opportunity to expand their facility-wide exercise. Many times, the drills and tabletops conducted have focused on the emergency department and emergency services and have not impacted all units and/or departments in the facility. This year, the scenario focuses on the entire healthcare facility and its ability to manage a large influx of patients and address the allocation of scarce resources including staffing, inpatient beds and equipment, supplies and medications. The 2004 Medical and Health Exercise Planning Committee encourage hospitals to involve all units/departments and staff within the hospital to actively participate in the exercise, activate departmental emergency plans and reach out to other healthcare partners in the community to meet the demands of the surge of patients.

The exercise day begins following a community celebration of a national holiday. Persons with symptoms of food borne illness begin quickly showing up in increasing numbers in hospitals, clinics and physicians offices. Should this be an actual event, the hospital would be confronting a wide variety of clinical care issues while coordinating efforts with other community hospitals and local response agencies (public health, EMS agency, OES, law enforcement, among others). When planning and executing your exercise, it is recommended that you begin the exercise with a rapid increase in patients presenting to the hospital that require high level, long term medical care.

There are different types of exercises that can be conducted including functional, full scale, tabletop and communication (see glossary for definition of exercises, page 40). Each of these exercises can test your response and management of the event.

The following are some recommendations to achieve hospital-wide participation in this exercise:

- ❑ Activate the hospital's Emergency Operations Center (EOC) and the Hospital Emergency Incident Command System (HEICS)/ or unified command sections to manage the event and address the policy issues as described in the scenario. Incorporate into the activation personnel who may not have previously played a role in the EOC, such as infectious disease practitioners, epidemiologists, Infection Control staff, occupational health staff and others.
- ❑ Activate high census plans in all departments and move "live" patients, "live" volunteer patients, or paper patients as appropriate to vacate beds and accept new patients.
- ❑ Mobilize the infectious disease practitioners/infection control department to assist in determining facility priorities, patient care management, staff protection and reporting to local public health.
- ❑ Test the call back (staff notification) systems and lists, update lists and procedures as appropriate.
- ❑ Inventory all linen, nutritional supplies (food) and housekeeping materials to determine if additional quantities will be needed for the large patient influx and high patient census.
- ❑ Based on the scenario and clinical care issues, determine the health care disciplines that will be needed for this event and project these numbers for 4, 8, 12, 24 hours and longer.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Tips for Hospitals (continued)

- ❑ Activate internal and external security plans and institute traffic control measures, visitor access and set up perimeter barricades, etc.
- ❑ Prepare a plan to “lock down” the facility defining under what authority within the facility or outside of the facility a lock down would be ordered, when and how a “lock down” would occur and when the “lock down” would be discontinued.
- ❑ Review the ability to maintain ongoing Emergency Department services in the event of a lock-down and the ability to receive ambulance traffic and walk-in patients.
- ❑ Activate the hospital's auxiliary communications system (amateur radio) and test message sending and receiving.
- ❑ Determine ways in which large numbers of patients requiring specialty care needs (such as mechanical ventilation) can be safely cared for at your facility.
- ❑ Implement hospital lab procedures to manage specimen collection, package, and track and ensure chain of custody and transport specimens and cultures in large numbers. Mock up the proper packaging and secure shipping of specimens to the local public health laboratory through the Laboratory Response Network.
- ❑ Arrange for the influx of patients using “live” volunteer patients (or paper patients) coming through the Emergency Department as described in the scenario.
- ❑ Stage a convergence of volunteers into the facility offering clinical and non-clinical assistance with live persons (or paper volunteers). How will the facility deal with and manage these well-meaning volunteers presenting? How will their licensing and credentialing issues be dealt with?
- ❑ Assess the ability of the hospital to work with local authorities to obtain botulism antitoxin.
- ❑ Institute procedures in business office and patient registration to manage an overwhelming number of patients and implement Hospital Information System/ Information Technology emergency policies and procedures to accommodate the business needs of the facility.
- ❑ Determine ways in which to disseminate information to your hospital or campus to maintain stability and decrease panic.
- ❑ Activate your media relations or public information officer to respond to multiple media calls for information and/or convergence of media into your facility.

These are only a few of the ideas to conduct a successful exercise that will engage and involve multiple units/departments in a hospital. Use your imagination and be creative in your planning for the 2004 Statewide Medical and Health Disaster Exercise!



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

FACTS ABOUT BOTULINUM

Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called *Clostridium botulinum*.

There are three main kinds of botulism:

- Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient.
- Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract.
- Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.

With foodborne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food. Symptoms of botulism include double vision (diplopia), blurred vision, drooping eyelids (ptosis), slurred speech, difficulty swallowing (dysphagia), dry mouth, muscle weakness that always descends through the body: first shoulders are affected, then upper arms, lower arms, thighs, calves, etc. Paralysis of breathing muscles can cause a person to stop breathing and die, unless assistance with breathing (mechanical ventilation) is provided.

Botulism is not spread from one person to another. Foodborne botulism can occur in all age groups.

A supply of antitoxin against botulism is maintained by CDC. The antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease. Most patients eventually recover after weeks to months of supportive care.

ADDITIONAL RESOURCES

Centers for Disease Control and Prevention, website at
<http://www.bt.cdc.gov/agent/botulism/index.asp>

Journal of American Medical Association article:
“Botulinum Toxin as a Biological Weapon: Medical and Public Health Management”
JAMA, Feb 2001; 285: 1059 - 1070.

California Hospital Bioterrorism Response Planning Guide
Available at http://www.emsa.ca.gov/dms2/ca_hosp_guide.pdf
July 2002 Version, pages 38-46.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Glossary of Terms

Auxiliary Communications Services (ACS)	<p>The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications. ACS works with agencies and cities within the Operational Area, neighboring governments and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response and recovery with telecommunications resources and personnel.</p> <p><u>CARES:</u> California Amateur Radio Emergency Services CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.</p> <p><u>RACES:</u> Radio Amateur Civilian Emergency Services RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a radio officer; 2) preparing a RACES plan; and 3) training and utilizing FCC licensed amateur radio operators. RACES, whether part of an ACS or as a stand alone unit, is usually attached to a state or local government's emergency preparedness office or to a department designated by that office, such as the sheriff's or communications department.</p>
Bioterrorism	<p>The intentional or threatened use of viruses, bacteria, fungi or toxins from living organisms to produce death or disease in humans, animals or plants.</p>
Botulism	<p>Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called <i>Clostridium botulinum</i>.</p> <p>There are three main kinds of botulism:</p> <ul style="list-style-type: none"> • Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient. • Infant botulism occurs in a small number of susceptible infants each year who harbor <i>C. botulinum</i> in their intestinal tract. • Wound botulism occurs when wounds are infected with <i>C. botulinum</i> that secretes the toxin.
Disease Surveillance	<p>In epidemiology and public health, the identification of index patients and their contacts; the detection of outbreaks and epidemics; the determination of the incidence and demographics of an illness; and the policy-making that may prevent further spreading of disease.</p>



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Glossary of Terms

Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, an earthquake or volcanic eruption.
Emergency Management	The organized analysis, planning, decision making, assignment and coordination of available resources to the mitigation of, preparedness for, response to or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.
Epidemic	An infectious disease or condition that attacks many people at the same time in the same geographical area.
Epidemiology	The study of the distribution and determinants of health-related states and events in populations, and the application of this study to the control of health problems. Epidemiology is concerned with the traditional study of epidemic diseases caused by infectious agents, and with health-related phenomena.
Exercise	<p>Functional: The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.</p> <p>Full Scale: This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.</p> <p>Tabletop: An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.</p> <p>Communications: The communications exercise is designed to test and evaluate communication systems, including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell and satellite systems, among others.</p>
Hospital Emergency Incident Command System (HEICS)	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMSA website at www.emsa.ca.gov .



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Glossary of Terms

Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept is specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, with the responsibility of managing resources to effectively accomplish stated objectives pertinent to an incident.
Incubation Period	The interval between exposure to infection and the appearance of the first symptom.
Index Patient	An instance of a disease or a genetically determined condition that is discovered first and leads to the discovery of others in a family or population.
Isolation	The physical separation of infected or contaminated organisms from others to prevent or limit the transmission of disease. In contrast, quarantine applies to restriction on healthy contacts of an infectious agent.
Joint Emergency Operations Center (JEOC)	A unified operations center established by the State Emergency Medical Services Authority and Department of Health Services to manage the State-level medical and health response to disasters, including the use of state resources.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities.
Mass Prophylaxis	The provision of medications and/or vaccines to large numbers of the public to prevent or treat an infectious disease.
Medical and Health Operational Area Coordinator (MHOAC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
NIMS	The National Incident Management System, developed under Homeland Security Presidential Directive 5, provides a consistent nationwide approach for federal, state, local and tribal governments to work effectively to prepare for, respond to and recover from domestic incidents.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
Pandemic	A disease affecting the majority of the population of a large region or one that is epidemic at the same time in many different parts of the world.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Glossary of Terms

Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, which are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Regional Disaster Medical and Health Coordinators (RDMHC)	At the regional level, EMSA and DHS jointly appoint Regional Disaster Medical and Health Coordinator (RDMHC) whose responsibilities include supporting the mutual aid requests of the MHOAC for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC also serves as an information source to the state medical and health response system.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command System and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one REOC is opened. The SOC establishes overall response priorities and coordinates with federal responders.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT INFORMATION
Alameda	Jim Morrissey Alameda EMS 1000 San Leandro Blvd. Ste 100 San Leandro, CA 94577	Phone: 510-618-2036 Fax: 510-618-2099 Pager: 415-208-0936 Email: jim.morrissey@acgov.org
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Avenue Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com
Butte	Dr. Mark Lundberg Health Officer 202 Mira Loma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Georgeanne Hulbert 251 E. Webster Street Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: ghulbert@colusadhhs.org
Contra Costa	Dan Guerra Contra Costa EMS 1340 Arnold Drive, Ste. 126 Martinez, CA 94590	Phone: 925-646-4690 Fax: 925-646-4379 Email: DGuerra@hsd.co.contra-costa.ca.us
Del Norte	Kathy Stephens Del Norte County Health Dept. 880 Northcrest Drive Crescent City, CA 95531	Phone: 707-464-7227 (3191) x308 Fax: 707-465-6701 Email: kstephens@co.del-norte.ca.us
El Dorado	Merry Holliday-Hanson Public Health Dept. 415 Placerville Drive, Suite R Placerville, CA 95667	Phone: 530-621-7628 Fax: 530-621-4781 Email: mhollida@co.el-dorado.ca.us
Central California EMS Agency (Fresno, Kings, Madera, Tulare)	Lee Adley PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Grinnell Norton Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: gnorton@glenncountyhealth.net



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Humboldt	Clarke Guzzi Humboldt Public Health 529 "I" St. Eureka, CA 95510	Phone: 707-268-2187 Fax: 707-445-6097 Email: cguzzi@co.humboldt.ca.us
Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-482-4468 Fax: 760-482-4519 Email: johnpritting@imperialcounty.net
Inyo	Tamara Pound PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0266 Email: inyohhs@qnet.com
Kern	Russ Blind Senior Coordinator 1400 H Street Bakersfield, CA 93301	Phone: 661-868-5201 Fax: 661-322-8453 Email: blindr@co.kern.ca.us
Lake	Craig McMillan Lake Co. Dept. of Health 922 Bevins Court Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-262-4280 Email: craigm@co.lake.ca.us
Lassen	Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-251-8222 Fax: 530-257-9363 Email: sheriff@co.lassen.ca.us
Los Angeles	Larry Smith Disaster Coordinator 5555 Ferguson Drive, Suite 220 Commerce, CA 90022	Phone: (323) 890-7559 Fax: (323) 890-8536 Email: lasmith@dhs.co.la.ca.us
Marin	Troy Peterson, MHOAC Division of Public Health 20 North San Pedro # 2004 San Rafael, CA 94903	Phone: 415-499-3287 Fax: 415-473-2326 Email: tpeterson@co.marin.ca.us
Mariposa	Dana Tafoya Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-966-3689 Fax: 209-966-4929 Email: dtafoya@mvemsa.com
Mendocino	Steve Francis Coastal Valley EMS Mendocino 1120 South Dora Street Ukiah, CA 95482	Phone: 707-472-2785 Fax: 707-472-2788 Email: franciiss@co.mendocino.ca.us
Merced	Ron Duran EMS Specialist 260 E. 15 th Street Merced, CA 95340	Phone: 209-381-1260 Fax: 209-381-1259 Email: rduran@co.merced.ca.us



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Modoc	Linda Doyle, RN CIC Modoc Co. Health Dept. 441 N. Main Street Alturas, CA 96101	Phone (530) 233.6343 Fax: (530) 233.6332 E-mail: ldoyle@hdo.net
Mono	Richard O. Johnson M.D. Mono County Public Health Officer POB 3329 437 Old Mammoth Rd., #Q Mammoth Lakes, CA 93546	Phone: (760) 924-1828 Fax: (760) 924-1831 E-mail: rjohnson@mono.ca.gov
Monterey	John Sherwin Monterey EMS 19065 Portola Dr. Ste I Salinas, CA 93908	Phone: 831-755-5013 Fax: 831-455-0680 Email: sherwinj@co.monterey.ca.us
Napa	Bonny Martignoni Coastal Valley EMS/Napa 1721 First St. Napa, CA 94559	: 707-253-4345 Fax: Fax: (707) 259-8112 Email: bmartign@co.napa.ca.us
Nevada	Henry Foley Community Health 10433 Willow Valley Road Nevada City, CA 95959	Phone: 530-265-1459 Fax: 530-265-1426 Email: henry.foley@co.nevada.ca.us
Orange	Bryan Hanley Disaster Coordinator 405 West Fifth Street, Suite 301A Santa Ana, CA 92701	Phone: 714-834-3124 Fax: 714-834-3125 Email: bhanley@hca.co.orange.ca.us
Placer	Rui Cunha Placer County OES 2968 Richardson Street Auburn, CA 95603	Phone: 530-886-5300 Fax: 530-886-5343 Email: rcunha@placer.ca.gov
Plumas	Tina Venable Health Dept. PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: tinavenable@countyofplumas.com
Riverside	Britta Myrin 4065 County Circle Drive Post Office Box 7600 Riverside, CA 92513	Phone: 909-358-7100 Fax: 909-358-7105 Email: bmyrin@co.riverside.ca.us
Sacramento	Bruce Wagner Sacramento Co. EMS 9616 Micron Avenue, Suite 635 Sacramento, CA 95827	Phone: 916-875-9753 Fax: 916-875-9711 Email: wagnerems@msn.com



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
San Benito	Margie M. Riopel San Benito County, EMS 471 Fourth St. Hollister, CA 95023	Phone: 831-636-4168 Fax: 831-636-4104 Email: mriopel@oes.co-san-benito.ca.us
San Bernardino	Marlene Goodell Medical/Health Disaster Coordinator 351 N Mountain View San Bernardino, CA 92415-0010	Phone: 909-387-6835 Fax: 909-387-0126 Email: mgoodell@dph.sbcounty.gov
San Diego	Jeri Bonesteele 6255 Mission Gorge Road San Diego, CA 92120	Phone: 619-285-6505 Fax: 619-285-6531 Email: jeri.bonesteele@sdcounty.ca.gov
San Francisco	Steve LaPlante San Francisco EMS 68-12 th Street, Suite 220 San Francisco, CA 94103	Phone: 415-355-2606 Fax: 415-552-0194 Email: steve.laplante@sfdph.org
San Joaquin	Darrell Cramphorn San Joaquin EMS PO Box 1020 Stockton, CA 95201	Phone: 209-468-6818 Fax: 209-468-6725 Email: dcramphorn@co.san-joaquin.ca.us
San Luis Obispo	Tom Lynch, MHOAC 712 Fiero Lane, #29 San Luis Obispo, CA 93401	Phone: (805) 546-8728 Fax: (805) 546-8736 Email: sloemsa@fix.net
San Mateo	Matt Lucett San Mateo EMS 225 37 th Avenue San Mateo, CA 94403	Phone: 650-573-2737 Fax: 650-573-2029 Email: mlucett@co.sanmateo.ca.us
Santa Barbara	Nancy LaPolla MHOAC/EMS Administrator 300 North San Antonio Road Santa Barbara, CA 93110-1316	Phone: 805-681-5274 Fax: 805-681-5142 Email: nlapoll@co.santa-barbara.ca.us
Santa Clara	Bruce H. Lee EMS Administrator 645 South Bascom Avenue San Jose, CA 95128	Phone: 408-885-4250 Fax: 408-885-3538 Email: bruceh.lee@hhs.co.scl.ca.us



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Santa Cruz	Celia Barry Santa Cruz EMS 1080 Emeline Avenue Santa Cruz, CA 95060	Phone: (831) 454-4751 Fax: (831) 454-4272 Email: Celia.Barry@health.co.santa-cruz.ca.us
Shasta	John Duffy Dept. of Public Health 2650 Breslauer Way Redding, CA 96001	Phone: 530-229-8498 Fax: 530-225-5344 Email: jduffy@co.shasta.ca.us
Sierra	Liz Fisher OES PO Box 513 Downieville, CA 95936	Phone: 530-289-2850 Fax: 530-289-2849 Email: lfisher@sierracounty.ws
Sutter	John DeBeaux Emergency Services Division 1130 Civic Center Blvd. Yuba City, CA 95993	Phone: 530-822-7400 Fax: 530-822-7109 Email: jdebeaux@co.sutter.ca.us
Solano	Michael Modrich Solano EMS 275 Beck Ave. MS 5 - 240 Fairfield, CA 94533	Phone: 707-784-8155 Fax: 707-421-6682 Email: mmodrich@solanocounty.com
Sonoma	Mike DuVall Coastal Valley EMS 3273 Airway Dr. Ste E Santa Rosa, CA 95403-2097	Phone: 707-565-6501/6506 Fax: 707-565-6510 Email: mduvall@sonoma-county.org
Sutter	John DeBeaux Emergency Services Division 1130 Civic Center Blvd. Yuba City, CA 95993	Phone: 530-822-7400 Fax: 530-822-7109 Email: jdebeaux@co.sutter.ca.us
Tehama	Donna S. Wenz, RN TCHSA-PHD PO Box 400 Red Bluff, CA 96080	Phone: 530-527-6824 Fax: 530-527-0362 Email: wenzd@tcha.net
Trinity	Elise Osvold-Doppelhaur, PHN Health Dept. PO Box 1470 Weaverville, CA 96093	Phone: 530-623-8215 Fax: 530-623-1297 Email: eosvolddoppelhauer@trinitycounty.org



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

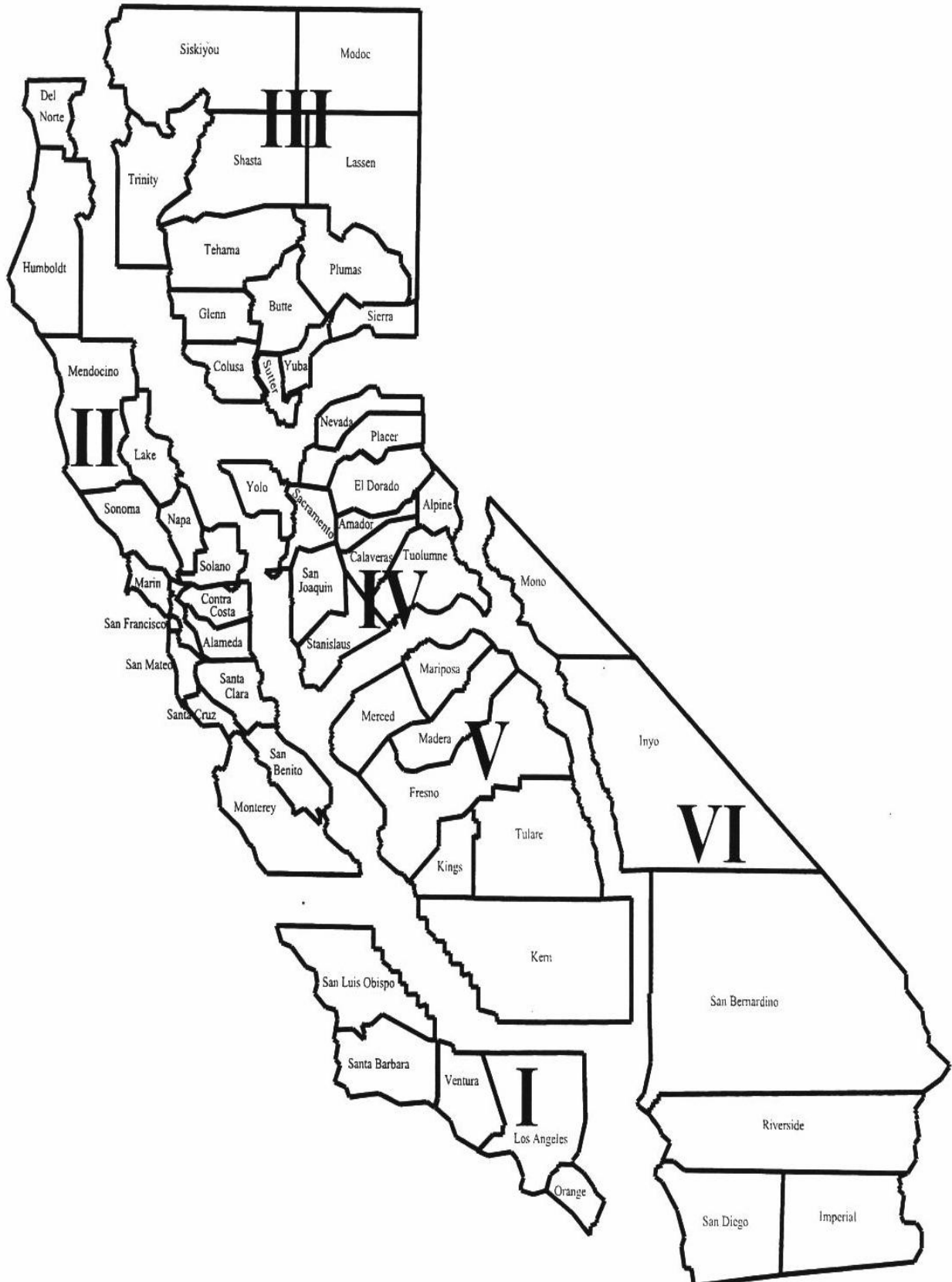
Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Tuolumne	Dan Burch Tuolumne EMS 20111 Cedar Road North Sonora, CA 95370	Phone: (209) 533-7460 Fax: 209-533-4761 Email: dburch@co.tuolumne.ca.us
Ventura	Steve Carroll, Disaster Coordinator 2220 East Gonzales Road, Suite 130 Oxnard, CA 93036	Phone: 805-981-5305 Fax- 805-981-5300 Email: steve.carroll@mail.co.ventura.ca.us
Yolo	Dan McCanta Yolo OES 35 North Cottonwood Street Woodland, CA 95698	Phone: 530-666-8930 Fax: 530-666-8909 Email: dan.mccanta@yolocounty.org
Yuba	Kent McClain County Administrative Officer 215 5th St. Marysville, CA 95901	Phone: 530-749-7575 Fax: 530-741-6549 Email: kmccclain@co.yuba.ca.us



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

OES Mutual Aid Regions





State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 18, 2004

The Emergency Medical Services Authority would like to thank the Disaster Exercise Planning Group members for their contribution to the 2004 Statewide Medical and Health Disaster Exercise Guidebook and planning process.

Disaster Exercise Planning Group Members include:

Cheryl Starling, RN, Exercise Chair, Emergency Medical Services Authority
Jean Bennett, Area Emergency Manager, Veteran's Administration
Barbara Center, RDMHS, Region II
Dr. Don Cheu, San Mateo County
Jim Eads, RDMHS, Region I
Jocelyn Montgomery, Department of Health Services, Licensing and Certification
Yvonne Morales, Hospital Bioterrorism Preparedness Program
Carolyn Moussa, Governor's Office of Emergency Services
David Otey, Kaiser Permanente
Dr. Christian Sandrock, UC Davis Medical Center, HBPP Medical Director
Steve Sasson, California Department of Health Services
Dr. Arnie Spanjers, Kaiser Permanente
Ann Stangby, RN, San Francisco Public Health Department